

Article

Prioritizing well-being in K-12 education: lessons from a multiple case study of Canadian school districts

Genevieve Montemurro¹, Sabre Cherkowski², Lauren Sulz³, Darlene Loland², Elizabeth Saville², and Kate E. Storey^{1,*} 

¹School of Public Health, University of Alberta, 4-359 Edmonton Clinic Health Academy, 11405-87 Ave, Edmonton AB, T6G 1C9, Canada

²Okanagan School of Education, The University of British Columbia, 1137 Alumni Way, Kelowna British Columbia, V1V 1V7, Canada

³Faculty of Education, University of Alberta, 350 Education Centre—South, 11210-87 Ave NW, Edmonton AB, T6G 2G5, Canada

*Corresponding author. E-mail: kate.storey@ualberta.ca

Summary

Increasingly, school districts are looking for insights on how to embed a well-being focus across school communities. Well-being in K-12 education is proven to support positive mental health, improve academic performance and contribute to positive outcomes for students and staff. How districts transition to deeply integrate well-being into existing priorities and practices is not well understood. Insights on such shifts can help inform widespread change in education. In 2020, six Canadian school districts participated in case study research to examine *how* and *why* districts were able to shift their culture to one that prioritizes well-being. Fifty-five school community members participated in individual semi-structured interviews to explore their perception of well-being in their school communities. Analysis identified six themes: *well-being is holistic and requires balance, student and staff well-being are interconnected, organizational leadership sustains implementation, connection and voice as a catalyst to well-being, building capacity to support well-being action, and charting and re-charting a course*. Findings increase our understanding of system-level change, and provide insights to support well-being in education.

Lay summary

Well-being in K-12 education is proven to support positive mental health, improve academic performance and contribute to positive outcomes for students and staff. How school districts can deeply integrate well-being into existing priorities and practices is not well understood. Many districts are looking for insights on how to embed a well-being focus across school communities. These insights can help inform change in K-12 education. In 2020, six Canadian school districts participated in case study research to examine *how* and *why* districts were able to shift their culture to one that prioritizes well-being. Fifty-five participants from six districts took part in interviews on the topic of district well-being prioritization. Supporting documents were also reviewed. Qualitative analysis identified six common themes: *well-being is holistic and requires balance, student and staff well-being are interconnected, organizational leadership sustains implementation, connection and voice as a catalyst to well-being, building capacity to support well-being action, and charting and re-charting a course*. Study findings increase our understanding of system-level change in K-12 education. Findings provide valuable ‘entry points’ for school and district leaders to consider when making well-being a priority in their own contexts.

Keywords: qualitative methods, health promoting schools, school district, case study, well-being

INTRODUCTION

Increasingly, health promotion efforts have focussed on the school setting as a critical environment to shape healthy behaviours and support educational outcomes among children, and to improve the health and well-being of whole school communities. The United Nations Educational Scientific and Cultural Organization (UNESCO, 2021) defines well-being in education as ‘activities that promote students’ psychological, cognitive, social and physical functioning and capabilities as they need to live a happy and fulfilling life’ (p. 8). Addressing well-being in K-12 education is proven to support positive mental health, improve academic performance, and contribute to positive health and quality of life outcomes for both students and staff (Jennings and Greenberg, 2009; Fung *et al.*, 2012; Faught *et al.*, 2017). Such investments have benefit not only for individuals, but the educational system and society as a whole. Benefits include reduced staff turnover and illness leave, reduced healthcare costs, increased educational attainment, and increased graduation and employment rates (Aldana *et al.*, 2005; Durlak *et al.*, 2011; Moffitt *et al.*, 2011; Merrill and LeCheminant, 2016; Kautz *et al.*, 2017; The McConnell Foundation, 2020). Across Canada, many districts are looking for insights on how to sustainably embed a well-being focus among school communities and how best to encourage and support well-being prioritization among school system leaders (The McConnell Foundation, 2020). Like all systems-level change, such a shift is not without challenges. Schools and school districts (also often referred to as school authorities, jurisdictions, and divisions) are diverse, with unique contexts and histories. Research examining the evidence-based comprehensive school health (CSH) approach (Joint Consortium for School Health, 2019) has identified a set of essential core and contextual conditions that are necessary to support successful implementation (Storey *et al.*, 2016; Neely *et al.*, 2020; Sobierajski *et al.*, 2022). Using qualitative methods to understand program implementation, Storey *et al.* (Storey *et al.*, 2016) utilized a secondary analysis of qualitative data to understand the process of implementing school-based health promotion, identifying a set of conditions essential for success. Additional qualitative research confirmed the applicability of these conditions across Canada and within the context of an afterschool healthy living program (Neely *et al.*, 2020; Sobierajski *et al.*, 2022). Among these conditions, *higher-level support* was identified by Canadian stakeholders as vital to achieve sustained impact (Neely *et al.*, 2020). Specifically, leadership and support at the district and provincial/territorial levels can ‘set the tone’ to prioritize CSH within schools,

including the allocation of time and funding for well-being. This research also highlighted the importance of *school specific autonomy*, whereby schools must feel they can flexibly adapt district well-being directives to best meet the needs of their individual school communities. Thus, district approaches to well-being must lend clear direction and support, and also honour unique and varied contexts, allowing schools to adapt well-being action as needed.

How school districts are able to transition to deeply integrate well-being in their existing priorities and practices is an area that is not yet well understood. However, it is clear that such changes are indeed happening in Canada and elsewhere (Alberta Teachers Association, 2020). Research posits that schools are social complex adaptive systems, with the associated characteristics (e.g. diversity and dynamic nature, network structure, dependent but autonomous) that explain some of the common challenges in introducing and sustaining health promoting change in schools (Keshavarz *et al.*, 2010). By examining systems-level change through the lens of school community members, and through local documents and data, we can increase our understanding of well-being shifts at the district level. There is a need and opportunity to build upon the experience of school communities that have integrated well-being as a key priority. By understanding the ways in which Canadian school districts have been able to make well-being a priority and shift culture to support well-being (e.g. investing in well-being inputs and outcomes in the same way they invest in numeracy and literacy), we can identify commonalities—potential well-being ‘levers’ that could be applied elsewhere. As such, the overall aim of this research was to apply an exploratory multiple case study approach to understand *how* and *why* school authorities are able to prioritize well-being and shift to a well-being focussed culture, with participation from six diverse school districts in Western Canada.

METHODS

An exploratory multiple case study informed this research. Multiple case study is primarily qualitative and grounded in principles of participatory approaches (Mayan, 2009). It allows for the exploration of a complex phenomenon within its real-life context and promotes the investigation of differences and similarities within and between cases (Yin, 2017). Findings can inform the development of a conceptual framework related to the phenomena of interest (Baxter and Jack, 2008). Six districts from two provinces (three per province) were determined to be adequate based on exploratory case study principles (Yin, 2017) and stakeholder input.

Setting

School districts were invited based on input from knowledge partners to ensure relevance, diversity and equity. Two provinces in Western Canada were identified based on their historical investment in school well-being as well as pre-established foundational relationships needed to conduct this work. In both provinces, knowledge partners were purposefully selected as they possessed a strong understanding of school well-being practices in their provinces. They included representation from education (e.g. K-12 system leaders), health services (provincial school health and wellness division representatives; benefit providers) and school-based health promotion (provincial organizations; health promotion initiatives). In one province, partners were engaged as members of an advisory group; in the other, through individual and group discussions with the research lead. Partners were convened in 2019 to inform the research approach, develop criteria for selection and identify cases. Considerations to achieve diversity in cases were established in advance, with consensus processes used to guide case selection. Considerations were: (i) partner-informed: drawing on the knowledge of partners working directly with districts who bring an understanding of current and historical district well-being prioritization; (ii) data-informed: drawing on existing data sources that provide indicators of district prioritization (e.g. scans of policies/procedures, information on school authority websites, publicly available summaries); (iii) district size: consideration for diversity in number of students/staff/schools and geographic spread; (iv) geographic diversity: consideration of different experiences presenting for metro, urban, 'rural-urban', rural and remote settings; (v) population diversity: consideration for diverse socio-cultural make-up of districts depending on size and location; (vi) feasibility: consideration to the timely access to key stakeholders and documents for data generation. An overview of the cases is provided in [Table 1](#).

Participants

Through purposeful sampling, key stakeholders in each district were invited to participate in individual semi-structured interviews to explore their perception of well-being in their school communities, including *how* and *why* well-being initiatives are being implemented. A total of 55 participants were recruited, with all interviews conducted prior to the COVID-19 pandemic. Participants included students ($n = 3$), parents ($n = 3$), community partners (5), teachers ($n = 11$), school staff ($n = 4$), administrators ($n = 9$), district staff ($n = 16$), school trustee ($n = 1$) and senior leaders (e.g. superintendents, $n = 3$). All participants reviewed a study information letter and provided written consent.

Students provided parental consent and student assent. The number of participants per case were as follows: Case 1 ($n = 13$), Case 2 ($n = 8$), Case 3 ($n = 13$), Case 4 ($n = 6$), Case 5 ($n = 9$) and Case 6 ($n = 7$). Participants who were employees had been working within their school district between 3 and 34 years (mean of 14 years).

Data generating strategies

Consistent with the case study approach which relies on multiple sources of evidence converging in a triangulating fashion (Yin, 2017), two data generation strategies were employed. One-on-one semi-structured interviews with participants was the predominant source of data. The additional sources of data included a review of local program and policy documents, and of aggregate local data from publicly available information (e.g. district-level summaries, electronic and print media). These were used to help contextualize interview data. For each case, documents and data were provided to the research team directly through a primary district liaison or accessed through public websites. Interviews lasted between 30 and 70 min. The interview guide was developed with input from knowledge partners. Questions were specific to participants' understanding of well-being in their district, how they perceived well-being was supported, and key factors that helped promote well-being at school and district levels (e.g. people, practices and policies). The latter included questions related to contextual factors that either helped or hindered well-being prioritization. Probes were used to understand how and why well-being shifts occurred (e.g. when changes occurred, who or what instigated these shifts). A primary goal was the generation of data to support the development of rich descriptions to contextualize the sites studied (Creswell and Miller, 2000).

Data analysis and rigour

Interviews were audio recorded and transcribed. Data analysis followed an iterative process throughout data generation using inductive descriptive thematic analysis (Braun and Clarke, 2006). Transcripts were read line-by-line and meaningful segments of information were assigned codes. Segments were organized into themes, and a coding scheme was developed (i.e. a theme description with example data). Patterns and relationships within the data were next identified using an interpretive and comparative approach (Glaser and Strauss, 1967). This included within case analysis and cross-case comparison. Documents were reviewed with memos and insights integrated during analysis to help contextualize interview data. The final stage involved writing-up narrative descriptions for each case and key findings across cases. A primary analytic goal was the

Table 1: Case district characteristics

Case	District characteristics	Location and make-up
Case 1	Grades: K-12 Schools: 43 Students: 11,000 Staff: 1,700	Located centrally between two larger municipalities, this district covers over 11,000 km ² . It is comprised of thirteen small communities (rural and urban).
Case 2	Grades: K-12 Schools: 20 Students: 2,000 Staff: N/A	Northerly located, this district covers over 288,000 km ² , including municipalities, First Nation reserves, and Métis Settlements. Ninety-five percent of the student population self-identifies as being of First Nations, Métis or Inuit descent.
Case 3	Grades: pre-K to 12 Schools: 96 Students: 44,000 Staff: 4,250	Located in a large urban municipality this district covers an area of 684 km ² . It is the fourth largest school district in its province.
Case 4	Grades: K to 12 Schools: 7 Students: 2,080 Staff: N/A	Surrounded by mountains and trees, and bounded by the Pacific Ocean, this district is located along a major highway, connecting coastal and interior communities.
Case 5	Grades: K to 12 Schools: 7 Students: 2,200 Staff: 280	Covering two communities, this district stretches along the coastal shores of the Pacific Ocean. It is located in an area known for its natural environment.
Case 6	Grades: K to 12 Schools: 48 Students: 22,500 Staff: N/A	Located within a large urban municipality, this district encompasses rural, suburban and urban development. Near a large metropolitan centre, it is known for its diverse population and its sea level and river mouth landscape.

development of a conceptual framework related to the phenomenon of interest (district well-being prioritization) that could support system-level change in other school districts. Throughout data collection and analysis, a team approach was used to promote reflection. The research team met regularly to discuss analysis and emergent findings. Peer debriefing was used as a means of examining bias, and promoting researcher responsiveness and reflexivity (Morse *et al.*, 2002). Member checking with interview participants was conducted in later analysis stages to increase the trustworthiness of the data and support interpretation.

RESULTS

Through our analysis, we identified six major themes related to how and why school authorities are able to prioritize well-being and shift to a well-being focussed culture. These were: *well-being is wholistic and requires balance, student and staff well-being are interconnected, organizational leadership sustains implementation, connection and voice as a catalyst to well-being, building capacity to support well-being action, and charting and re-charting a course*. Themes are described in detail below with supporting quotes. While each quote reflects an experience particular to a participant in one site, the quote supports the

theme that emerged through the various sites in both provinces.

Well-being is wholistic and requires balance

Participants conceptualized well-being most often as physical and emotional health but also emphasized its broad ‘umbrella’ nature. They viewed well-being as encompassing many aspects and domains (e.g. physical, mental, social, spiritual, environmental, financial and healthy identity). Among participants there was a recognition that well-being dimensions may wax and wane in priority depending on individual contexts and life stages but need to be nurtured and in balance. This was important for resiliency in times of stress, and for overall flourishing. As one participant shared, ‘...it’s about honoring the whole person and all aspects that make you feel healthy and well. So spiritual, mental, physical, intellectual – all the elements that combine to make you a happy person who’s achieving your own success’ (P6, Case 1). While many participants, at first, defined well-being as individual in nature, the importance of collective well-being was emphasized by participants who underscored the importance of healthy working and learning environments in helping individuals thrive. As one district staff member stated ‘wellness is not a DIY [do it yourself] project’ (P2, Case 1).

Student and staff well-being are interconnected

Across cases, participants described student and staff well-being needs as interconnected—reinforcing the importance of addressing whole school community well-being needs comprehensively, rather than in isolation. Participants described feeling a sense of urgency around student mental health and need to support families (e.g. drop-out rates, attendance, students with complex needs, suicides). Some perceived that these needs had grown in recent years, and alongside it, increases in teacher and staff stress. One school principal described, ‘I notice, as a system and the needs of students, it’s really changed over time. That students aren’t as well as they were’ going on to share, ‘I’m sure there was stuff before. But it wasn’t presenting in the classrooms. Like, it’s really hard being a teacher now.’ (P29, Case 3). Participants often described an established or implicit understanding that students need to be healthy and well to learn and thrive. Many spoke to a growing district acknowledgment that educators also need to be well to help students succeed. In some cases, this was accompanied by a sense of urgency, in others, a slow mounting recognition that a shift was needed. This was catalyzed by mental health needs of their school communities, including teachers, staff, and students and leaders. In some districts, a current or historical focus on student well-being (e.g. through curricular integration of social and emotional learning or changes to social and physical environments) naturally led to an expanded view and dialogue on staff health and well-being. As one teacher shared ‘[our superintendent] would always say, who’s taking care of the caregivers?’ (P13, Case 2).

Well-being prioritization was viewed as a way to address the well-being needs of students themselves, and to support the well-being needs of educators who were sometimes ‘stretched-thin’ teaching and managing the complex needs of their students. Increases in teacher and staff burnout were seen and felt by many participants, including a principal who shared, ‘our student wellness is taxing a lot of elementary schools... I understand why those elementary teachers wanted to focus on student wellness’ (P45, Case 5). Participants mentioned increased awareness and understanding of student anxiety and mental health, as well as vicarious trauma and compassion fatigue among educators. In one large district with over 95 schools, a critical need was identified to coordinate disconnected well-being action, to ensure that student and staff well-being needs were being met. While good well-being work was happening across schools, a senior district leader described, feeling a need to ‘pull the strings together’ and to ‘make sure those strings are tied and connected’ to sustain action and ensure that

everyone was ‘on the same page’ and ‘not working in silos’ (P31, Case 3).

Supporting staff well-being was also described by some district-level staff to be beneficial from a business standpoint with increased morale and productivity, and decreased sick time when staff feel cared for. Some senior leaders spoke to the benefit of district well-being in relation to teacher recruitment and retention. In districts with high turnover or lack of qualified teaching candidates, being attuned to employee well-being and creating supportive work environments was understood to help in retaining good staff. This concept was echoed by educators who described how having their well-being supported helped them both personally and professionally, and was aligned with role modelling of well-being for students.

Organizational leadership sustains implementation

Strong organizational leadership and coordinated action were paramount in supporting and sustaining well-being prioritization. Support ‘from the top’ was a key factor influencing *why* well-being was prioritized. Individuals in senior leadership roles (e.g. superintendents, associate superintendents) were frequently identified as instrumental in catalyzing district-level change. Their outward value and vision for well-being as a district priority was understood by some as permission to also make well-being a focus, both personally and professionally. As one teacher shared, ‘when you have a superintendent who makes it a priority – It’s a whole lot easier to start doing that work’ (P7, Case 1). Participants emphasized the value of leaders who both ‘say it [wellness]’ and ‘do it’. Examples included role modelling healthy behaviours and practices, demonstrating work-life balance, and normalizing a well-being focussed culture. One district supervisor (P51, Case 6) shared how their experience with a superintendent had shifted their own practice, creating a space for them to role model well-being prioritization for others. They shared how observing this leader block off ‘meeting-free’ time in the calendar for a personal fitness commitment had encouraged them to reflect and do the same.

In two of the six cases, participants also cited district-wide adoption of directives to support work-life balance, by restricting non-urgent e-mail and phone communication to work week hours. This was understood as a small system-wide change with big impact, and reflective of broader shifts in thinking. As one senior leader shared about the directive:

...It has sent the clear message to our people that we do not want you working, 18, 20 hours a day, and you get to shut the technology off guilt free,

and we've gone so far as to say we're actually going to ask you to not reply (P4, Case 1).

The important role that senior leaders play in shifting well-being culture was also reiterated by a school principal reflecting on the benefits that can come with changes in senior leadership: 'when you have that renewal you might see more dialogue about the culture of the whole district and just where we're at...' (P45, Case 5). Other participants offered the viewpoint that communication was essential to bridge district and school-level realities around well-being and that system leaders' clear, ongoing, communication of well-being reinforced it as a core value worthy of attention, normalizing it as a focus and as a topic of conversation. This was cited as helpful to reduce stigma around mental health. As one associate superintendent reflected, 'I think our superintendent really made it okay to have those conversations, that "hey, I'm not doing well today"' (P4, Case 2). Communication about well-being was also supported directly by communications staff, who amplified well-being messaging to district and school staff, as well as parents, families and the public via district websites (internally and externally facing), through newsletters, and the media. This enhanced awareness about specific well-being initiatives and confirmed the import of well-being as a district priority.

Central coordination, with distributed leadership through school champions (staff and students) and organizational allocation of resources, was also vital in promoting widespread and sustained well-being action. In districts where staff dollars were dedicated for a central wellness coordinator, this role was understood to bolster well-being work within schools. Central coordinators were often described as having strong knowledge about well-being in K-12 education, and able to see the aerial picture across schools to plan and respond effectively. These individuals had a direct line to both school-level staff (e.g. wellness champions) and district leaders, making them a valuable knowledge broker. This helped to promote alignment between more top-down district-led well-being initiatives and grassroots school-driven approaches, developing solutions to meet unique school needs. In some districts, participants indicated that better coordination was required to ensure more widespread diffusion of resources and knowledge. Failure to ensure clear connection and communication of well-being initiatives was identified as barrier to success, especially when implementation supports were not made available to all. As one district leader shared, 'otherwise schools feel things are disconnected and they're not joined together. If it's all separate, then they just see it all as extra stuff. When they see the whole picture and they see how it's layered and connected, in one supporting the other, and very holistic; then it flows very smoothly' (P31, Case 3).

Wellness champions specifically were recognized as essential to mobilize action and facilitate initiatives or activities in their school communities. These individuals were typically staff or students with an interest in making their school healthier, facilitating the planning and coordination of activities related to health and well-being for the school community. Where formal school and district wellness committees were in place, champions played a critical role in developing and executing action plans. As such, champions were often cited as key to translate well-being ideas into action with sustained impact. One district leader emphasized this, sharing:

Champions are the people who bring this alive and the important piece is implementation. You can have as many documents and as many policies as you want. But unless they – the documents and the policies, come alive in the school, they're not meaningful – and they won't do what they're supposed to. (P21, Case 3)

To promote knowledge sharing, some districts utilized an approach whereby wellness champions were encouraged to bring resources and knowledge back to share in their individual schools following professional development and learning (e.g. at staff meetings, to wellness teams). Where offered, regular meetings between wellness champions (both staff and students) were seen as venues to collectively problem solve, share successes and to spark new ideas.

Connection and voice as a catalyst to well-being

While specific well-being focussed meetings were highlighted as valuable to achieving change, participants frequently spoke of the benefits of fostering connectedness more generally. Opportunities to connect members of the school community were both informal and formal, and served to build relationships that enhanced well-being prioritization and foster a sense of belonging to the district. These opportunities were initiated by the district and by schools. Building social connection and creating time for fun in the school environment was described by some as a parallel track to well-being. One administrator shared her views on '...how important relationships are [...] here in the building, in this particular work place' emphasizing her view that the 'relational environment of the school has an important role in influencing how employees feel' (P44, Case 5).

Supporting opportunities for social cohesion and collaborative working and learning environments created space for social connection and well-being changes; these chances for informal communication created positive environments for well-being discussions. As

described by one district staff member, ‘I think once you have the space to start having those conversations, it was amazing to see how many wellness things were already going on in the school, that nobody really attributed to, to “hey, that’s wellness”’ (P13, Case 2). These occasions for connection were a way to build grassroots action and personal ownership, and to grow well-being ideas by ‘planting seeds,’ rather than being mandated (P44, Case 5). In districts where venues for dialogue and connection were already well established (e.g. district wellness committees; administrator groups; student groups), engaging diverse voices formally and regularly facilitated meaningful participation in decision-making and promoted ongoing transparency and accountability. Interestingly, these opportunities needed not be solely well-being focussed—often the most important feature was to have forums for conversation and a place for school community members to share strengths, challenges and needs with central leadership. Bringing school community members together provided a means to gather district-wide input to inform well-being action and raise awareness. When done well, they gave voice to teachers, administrators, staff and students, increasing the relevance of initiatives and promoting buy-in. As one administrator remarked, ‘perceived wellness in the building and the school is about communication, effective communication. And feeling like people understand that they’ve got a voice, and that they’re heard’ (P45, Case 5).

Building capacity to support well-being action

Across cases, participants cited the need for well-being related professional development and learning opportunities for administrators, teachers and school staff, to support student and staff well-being. Approaches varied across districts, as well as perceptions of how well integrated and available these opportunities were. Rather than a ‘one-off’ session or workshop, participants emphasized that ongoing professional development was required to sustain knowledge and action and to respond to emerging needs. In some districts, ongoing professional development comprised hiring specific teachers with well-being expertise, engaging consultants to work in classrooms with teachers, or offering tailored professional development sessions. The beneficial multiplier impact of skills building for teachers was described by one district staff member who shared that while her role was to ‘build the capacity of the teachers to be able to work with the students from a curriculum focus’ related to well-being (e.g. social responsibility, emotional regulation), this focus also ‘helps the teachers in their own mental well-being because they are feeling more empowered to do what they need to be doing in the classroom.’ (P34, Case 4).

Well-being focussed professional development was described as beneficial to promote coordinated action and shared well-being goals across a district. In some districts, developing a shared vision for well-being through regular professional development and learning also involved specific well-being-related ‘onboarding’ for new staff and ‘refreshers’ for current staff. Some participants suggested that these opportunities help employees learn the same language and embrace the shared values and vision for well-being. Learning opportunities were also valuable in supporting student-led well-being action. As described by one district staff member: ‘So working, not just with our teachers, but working with our students and getting, some peer education and messaging across, so that they feel ignited. It provides an ignition for them to be able to go and back to their school sites, and to be excited about promoting student well-being, and student wellness; and – and “how’s that going look?”’ (P21, Case 3).

Professional development was understood to be resource intensive, with funds required for teacher release time and other costs. This was viewed as necessary to support teacher engagement. One district staff member emphasized this reality, stating, ‘If we want to take teachers out of the classroom to do professional development, we need funds to be able to support sub release time. We can’t be expecting our teachers to come in at 4 o’clock till 6 o’clock for a PD session’ (P21, Case 3). Participants cited the importance of linking with partners who can help support well-being including provincial organizations, regional health services, benefit providers, donors/funders and local community partners. Partners were identified as instrumental in bringing valuable knowledge and capacity to support districts, including skills and supports in planning and evaluation, resources to support implementation of specific well-being initiatives, funding opportunities, physical space and community linkages. As one district staff member emphasized, ‘As much as possible we try to look at partnerships in establishing opportunities for us to be able to leverage the knowledge perhaps that we don’t have, or the funds that we don’t have, to be able to support some of this other work in our schools’. (P21, Case 3).

Charting and re-charting a course

A critical factor in district well-being prioritization was strategic planning to direct long-term well-being goals and implementation. Planning often incorporated and built on many factors mentioned above (e.g. strong leadership and coordination, dedication of resources to support implementation, engaging diverse members of the school community, opportunities for connection and voice) and leveraged existing district processes and structures. While variation existed in the completeness

of well-being planning across districts, it was seen as critical in promoting alignment across schools to inform implementation and reinforce well-being as a district priority. It sets a course for ongoing work and provides a tangible well-being ‘map’ that others within the district can see, regardless of the approach. One district staff member reflected on the value of their strategic well-being plan in supporting uptake and implementation among school administrators, stating, ‘I think that it does provide them that sense of direction and where to go’ (P21, Case 3).

The importance of alignment was reiterated by another district staff member who stated, ‘a lot of teachers and schools have different things that they’re doing and maybe if we had a common language that might just make things a little bit easier’ (P49, Case 6). This same participant went on to describe how a common framework for social emotional learning introduced to the whole district could ‘[let] people see what is working in our district, maybe we have some examples of other schools that are doing this work, and therefore it would just be more consistent throughout the district. Because that’s the end goal.’ (P49, Case 6). The ability to adapt well-being initiatives or respond when specific needs are identified was viewed as important in supporting implementation. In some districts this involved creating working groups to better define, and align, specific well-being initiatives, with teacher release time to facilitate engagement.

The importance of attending to both individual and collective well-being in strategic planning was stressed by participants. For participants involved directly in well-being planning (e.g. members of district wellness committees, members of coaching teams), this process was iterative. Well-being planning was not seen as a checklist to complete, but rather a process of building a strong foundation and continually asking ‘what next?’ The act of charting a well-being course sometimes required participants to take risks and innovate, to respond to shifting contexts and needs. As one superintendent described, ‘so although some of the sails may change, and what have you, with the foundation we are able to be flexible and responsive in dealing with the change. Yet the – the key pieces of this plan, they’re not changing at all.’ (P31, Case 3). Good communication of strategic priorities and plans, with clear opportunities for feedback, was highlighted across cases as necessary to support change.

DISCUSSION

This research examined how and why school districts are able to prioritize well-being and shift to a well-being focussed culture, across six diverse school districts in Western Canada. Our findings describe common

factors that helped bring about and support change, as well as reflections on areas where further attention was needed. Results provide insight for others working to deeply integrate well-being at a district level with potential entry points for action. Participants represented diverse perspectives from students to superintendents, adding to the richness of our data. Findings underscore the necessity of combined synergy between personal, organizational and collective needs in promoting well-being, as previously identified in well-being literature (Prilleltensky and Prilleltensky, 2006).

In this study, we found that shaping a collective district well-being vision required meaningful input and participation of school community members in the change process. Engagement opportunities increased feelings of ownership and buy-in, factors which have been identified as essential to the implementation of school-based health promotion (Stolp *et al.*, 2015; Storey *et al.*, 2016; Neely *et al.*, 2020). These opportunities promoted connection around a shared well-being vision, and helped to foster formal and informal well-being leaders. Recognized as an important mechanism to support organizational change in schools, distributed leadership is understood as a social distribution of collaborative leadership practices to achieve organizational tasks or goals (Spillane, 2006; Harris *et al.*, 2007). Understanding how members of the school community personally conceptualize and value well-being, their well-being needs and aspirations, and how change will impact their practice (either positively or negatively) was a necessary first step to shifting culture for districts in this study. Research suggests that when school leaders prioritize developing relationships inside and outside the school community, it allows them to creatively rethink ways to address and encourage a well-being culture, and to be more successful in recruiting and retaining teachers in their districts; an approach that has been coined as ‘socially entrepreneurial’ (Anderson and White, 2011). Recent social network analysis examining advice-seeking relationships in schools found that formal and informal school community leaders can be key brokers of well-being-related knowledge in schools, supporting the implementation and sustainability of school-based health promotion efforts (Storey *et al.*, 2021). In our study, distributed leadership was evident in supporting the diffusion of well-being knowledge across district schools, and supporting the prioritization of well-being.

Insights on why district well-being prioritization had occurred most often traced back to a need for coordinated system-level strategies to support student mental health and to alleviate teacher stress and burnout. It is well recognized that occupational stress is rife among teachers, making them vulnerable to burnout, job dissatisfaction and more likely to leave the teaching

profession (Kutsyuruba *et al.*, 2018; Brasfield *et al.*, 2019). This is especially prevalent among early career teachers, though precise Canadian attrition rates are lacking (Schaefer, 2013). In our study, district well-being prioritization was frequently viewed as a response to tangibly support staff who were overwhelmed by the demands of teaching and the stress of addressing the diverse and sometimes complex needs of their students. Recognizing the interconnection of student and staff well-being is critical to support school community wellness. When students are unwell they often have difficulty learning (Basch, 2011), creating additional demands for teachers. By creating a district and school culture in which student well-being is prioritized, the daily burden of work for teachers is reduced, as healthy students are often better learners. Research examining the relationship between well-being and burnout among teachers has found that teachers with higher levels of total well-being reported lower levels of burnout, including lower emotional exhaustion and increased feelings of personal accomplishment (Brasfield *et al.*, 2019). This study also found that two well-being factors (the physical self and the creative self) significantly influenced feelings of reduced personal accomplishment, and suggests that teachers who utilize physical self-care strategies and experience a positive school climate, with decision-making opportunities and chances to serve in leadership positions, may be more protected from burnout (Brasfield *et al.*, 2019). Our study identified that organizational leadership that supported work-life balance and personal well-being, with mechanisms to develop district-led and grassroots well-being initiatives through input and shared leadership, helped to bring about change and shift culture. Examples included system-level changes to reduce or remove expectations around work emails on weeknights and weekends, and encouragement for staff to access employer-paid health and well-being benefits. In addition, district acknowledgement of the need for work-life balance was seen to have a positive impact on teacher well-being and morale which may contribute to higher retention rates and lower attrition rates, with widespread implementation. Literature examining the role of leaders in sustaining a healthy school workforce, has emphasized the links between workload and well-being and the crucial role of effective leaders in reducing staff job strain (Bingham and Bubb, 2021). This is especially important as we begin to understand both the short and long-term impact of the COVID-19 pandemic on educator and student mental health and well-being. Research examining teacher mental health and well-being during the pandemic has underscored the importance of bolstering job resources in school settings, which can buffer the negative impact of job demands (Kim *et al.*, 2022). This longitudinal

study identified a decline in teachers' mental health and well-being throughout the pandemic, and found three job resources (social support, work autonomy and coping strategies) that contributed positively to teacher mental health and well-being, with six job demands that contributed negatively including workload and uncertainty (Kim *et al.*, 2022). Furthermore, cross-sectional research examining COVID-19 and student well-being identified higher stress levels among some adolescents, with links to inattention, negative affect and conduct problems (Schwartz *et al.*, 2021) which can create additional demands for educators. Effective leadership for well-being in school settings is needed as we emerge from the pandemic and gain more understanding of its' temporal impact, and the subsequent needs and strengths that exist across school districts.

Many participants shared that it was a charismatic and dedicated leader (i.e. superintendent or administrator) who was a key change maker in actualizing the district well-being vision, instilling that vision among other school community leaders. Our study identified that 'top-down' organizational leadership, was instrumental in setting the tone for well-being as a core district priority, and giving tacit permission for others to make it a priority too. This included clear communication of a personal and professional dedication to well-being by district and school leaders. Leaders who brought a personal, humanistic element, and who role-modelled healthy work-life balance, were seen as authentic and committed to making significant change. Some leaders in our study also signalled the importance of sharing their personal well-being growth, and how this openness helped to cultivate relationships with staff, build trust and demonstrate transparency. Participants spoke to the value of district leaders facilitating opportunities for conversations about well-being, investing in professional development, dedicating resources (financial and otherwise) to build district well-being capacity and nurturing well-being leadership among school staff and students. Research examining the lived experiences of teachers during their first years of teaching has identified that formal and informal learning from others, a focus on self-learning, and a collegial school climate were beneficial in elevating teachers' professional development (Kutsyuruba *et al.*, 2018). Our study echoes these findings, and suggests that opportunities created through district well-being prioritization can have gains for well-being and also support personal and professional growth among staff.

Strengths and limitations

This study included a broad range of participants within and across districts, adding to the generalizability of our findings. Individuals were diverse in roles, including early

and late career educators, school community members and district partners (e.g. health services staff, employee benefit providers). In addition, district identification was guided by pre-established criteria established to ensure relevance and diversity. Despite diversity of our overall sample, due to small sample sizes within some participant groups, it is possible that additional perspectives may have been overlooked. While this research was conducted prior to the COVID-19 pandemic, we acknowledge the significant impact of the pandemic on educators and education systems, including participants in this study. Future research examining the relationship between district well-being prioritization and resiliency in times of crises or upheaval, is warranted.

CONCLUSION

Implementing district-wide well-being practices for staff and students is a burgeoning topic in school districts today. This research contributes to the scientific and practical knowledge base related to well-being in K-12 education, with attention to understanding changes at the district level that helped to catalyze and sustain change. The themes identified provide valuable insights from the perspective of school community members involved in the change process, and highlight entry points for school and district leaders to consider when prioritizing well-being in their own unique contexts. These findings are summarized in an infographic with practical suggestions on how districts can act to enhance the collective and individual well-being of school community members (see [Supplementary File 1](#)).

Supplementary Material

Supplementary material is available at *Health Promotion International* online.

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Disclosure Statement

The authors declare that they have no competing interests.

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Ethical Approval

This research received ethical approval from the University of Alberta Human Research Ethics Board (Pro00058839) and UBC Okanagan Behavioural Research Ethics Board (H19-00220-A003). Written consent as well as written parental consent and verbal student assent was gathered from all study participants.

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